

Clark County Behavioral Risk Factor Surveillance System Report 1999



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INTRODUCTION

BACKGROUND

General Overview

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted nationally. It is conducted continuously throughout each year as a collaborative effort between the national Centers for Disease Control and Prevention (CDC) and each state's Department of Health. The survey began in 1984. Washington State's first survey was in 1987. The survey serves as data collection for a vast array of health conditions as well as risk and protective factors related to individual health. The goal of the survey is to measure the prevalence of health related behaviors in the general adult population. The results of the survey are used to plan and monitor health intervention and prevention programs, develop policy, and measure progress towards state and national health objectives.

Questionnaire

The BRFSS includes a core set of questions developed by CDC and used by all the states. In addition, Washington State Department of Health added questions to the statewide survey to expand some CDC core topics or gather information on other areas. The questionnaire in the Clark County BRFSS included the Washington State BRFSS survey in its entirety plus additional sections of local interest. The local BRFSS took approximately 18-20 minutes to administer. County level data was necessary to supplement the data collected in the Washington survey for Clark County residents.

About the Report

This report summarizes results from the 1999 Clark County, Washington BRFSS. The BRFSS provides prevalence data on health conditions and factors related to health at the local, county level. For each topic discussed, there is a brief summary of the findings, graphical or tabular representation of selected findings, and comparisons to local, state, and national target health objectives when available.

For all tables and discussions, actual counts and prevalence estimates are not shown when there were fewer than 50 respondents. This is consistent with the standard CDC protocol to provide stable and reliable estimates of health conditions.

Please see the technical appendix for discussion of more detailed background and methodological issues.

METHODOLOGY

Interviewers used random-digit-dialing of blocks of residential telephone numbers to randomly select BRFSS participants among the adult population. There were multiple attempts to try to reach each potential participant.

The BRFSS, by design, is a random sample of the adult population. In Clark County, 600 participants were needed to adequately reflect the entire county population of 328,000 (in 1998). For most of the survey, there were approximately 800 respondents because the 600 from the local BRFSS were combined with the 200 additional Clark County respondents from the Washington State BRFSS.

All data collection was conducted by trained interviewers over the telephone. Interviews were conducted during the late afternoon and evenings during the week, during the day on the weekends, and during the day on weekdays when necessary to reach potential respondents.

Data were adjusted to appropriately account for the age and gender distribution of the county population. Statistical analyses were necessary to provide accurate estimates of the prevalence rates. These analyses were conducted in consultation with the Washington State Department of Health BRFSS Coordinator.

Limitations

BRFSS results have several limitations. Because the survey was conducted using residents' telephone number, residents living in households without a telephone were not included. Potential respondents were not always available or willing to participate in the survey. Also, because the survey relied on the respondent's own report, some data may be over or underestimated.

GENERAL HEALTH

HEALTH STATUS

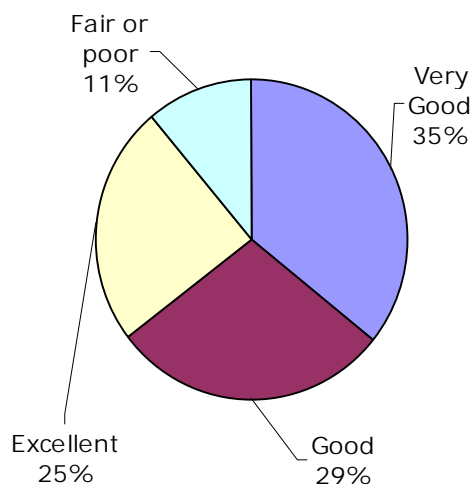
Perceived individual health status is a cornerstone of health. It is gauged by how healthy a person feels he or she is in general. For this survey, participants were asked to rate their own health as excellent, very good, good, fair or poor.

Also as part of the health status section, respondents were asked the extent they did not feel physically and/or mentally well during the preceding month. As well, respondents were asked if their physical or mental health kept them from doing their usual activities.

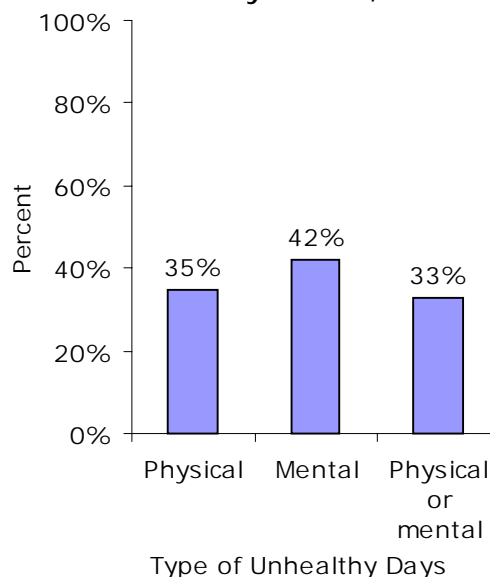
- Most respondents said their health was excellent, very good, or good (89%).
- There was an average of 3.6 days for which respondents considered their own physical health not good. There were 36% of these respondents who stated their physical health was not good for at least one day in the past 30 days.
- There was an average of 3.7 days for which respondents considered their own mental health not good. There were 42% of these respondents who stated their mental health was not good for at least one day in the past 30 days.
- Respondents felt they could not do their usual activities because of poor physical or mental health for an average of 2.9 days.
- Older respondents (aged 65 and older) reported being in good health less often than did younger respondents.
- Respondents who had an income of less than \$25,000 annually or who had a high school education or less were less likely to state they were in good health.
- People with a regular source of care had a lower proportion in good health.
- Respondents who received care in non-hospital medical facilities were more likely to be in good health.

The perception an individual has of his or her own health appears to be important in the overall scheme of personal health. In general, people with sufficient resources were more likely to report being in good, very good, or excellent health.

**Figure 1. Perceived Health Status
Clark County BRFSS, 1999**



**Figure 2. One or More Unhealthy Days
Clark County BRFSS, 1999**



**Table 1. Health Status
Demographics**

Question (Q) 1. Would you say that in general your health is Excellent/Very good/Good						
Question (Q) 2. Now thinking about your physical health, which includes physical illness						
and injury, for how many days during the past 30 days was your physical health not						
Question (Q) 3. Now thinking about your mental health, which includes stress,						
depression, and problems with emotions, for how many days during the past 30 days						
was your mental health not good?						
	Q1.		Q2.		Q3.	
	E/VG/G		Not Good		Not Good	
	#	%	0-5 days	%	0-5 days	%
All Adults	717	89	671	85.5	652	82.7
Male	347	88.7	341	88.3	324	83.7
Female	370	89.2	329	82.7	327	81.8
Age.						
18-34	237	94	215	84.8	190	76.6
35-64	393	89.1	380	87.4	367	85.0
65+	87	77	76	73.1	95	88.0
Marital Status:						
Currently Married	460	89.1	435	86.7	424	84.3
Formerly Married	123	84.2	110	78.0	117	83.0
Never Married	108	92.3	104	90.4	88	76.5
Education.						
High school or less	249	83.3	234	81.5	222	76.6
Some post-high school	270	91.5	251	86.9	249	85.3
College graduate or more	196	93.3	183	88.8	178	87.7
Income.						
< \$25,000	122	79.7	108	75.5	113	76.9
\$25,000-49,999	263	89.5	251	86.3	243	84.1
\$50,000 +	258	95.6	240	89.6	230	85.8
Health Insurance:						
Yes			51	89.5	609	83.3
No			620	85.2	NR	NR
NOTE: NR = Not reported when count < 50						

HEALTH CARE ACCESS

HEALTH INSURANCE

Health care access is one of the determinants of health, and having health insurance is a surrogate measure for health care access. If you have health insurance coverage, you are more likely to obtain health care when sick and seek preventive health services. Studies have also shown that adverse health outcomes appear to be related with the lack of health insurance coverage. Uninsured patients are more likely than insured patients to experience avoidable hospitalizations and be diagnosed at later stages of life-threatening diseases.

- 93% of Clark County residents reported having health insurance in 1999.
- Residents who were older, married, or had some post high school education were more likely to have health insurance.

Clark County has a high percent of residents with health insurance coverage. Since 1995, Clark County has actively enrolled citizens in the Washington State Basic Health Plan. This may help the high percentage of adults with health insurance coverage.

The Healthy People 2000 target (Obj. 21.4) is that all residents under 65 have health insurance. At 93%, Clark County has not yet met this goal, but has made significant strides above our 1990 level when 87% of adult residents reported having health insurance coverage.

Looking ahead:

The Healthy People 2010 target (Obj. 1-1) increases the proportion of persons with health insurance to 100%.

**Table 2. Health Care Access
Demographics**

Do you have any health insurance?		
	Yes	
	#	%
All Adults	749	92.8
Male	357	91.3
Female	392	94.2
Age:		
18-34	221	88.0
35-64	414	93.7
65+	113	100.0
Marital Status:		
Currently Married	495	96.1
Formerly Married	13	89.0
Never Married	99	84.6
Education:		
High school or less	263	88.0
Some post-high school	282	95.6
College graduate or more	201	95.7
Income:		
< \$25,000	122	80.3
\$25,000-49,999	275	93.5
\$50,000 +	269	99.3
Health Status:		
Excellent/VG/G	666	89.2
Fair/Poor	81	10.8

ROUTINE SOURCE OF MEDICAL CARE

While having health insurance makes it more likely that you will obtain needed health services, it does not guarantee access to services with a regular health care provider. Many residents without a regular health care provider wait and use the emergency room for routine care. This is a costly and inefficient use of health care resources. People with a regular source of care are more likely than those without a regular source of care to receive preventive health care services in an effort to better maintain health.

Clark County is experiencing a physician shortage due to our rapidly growing population. This shortage augments the number of residents without a routine source of medical care.

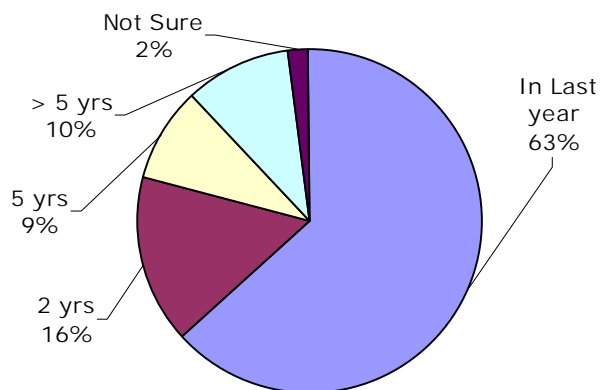
- More than one out of ten (12%) Clark County residents had no regular source of ongoing care in 1999.
- Older adults over the age of 65 (96%) were more likely to have a regular source of care.
- Currently and/or formerly married residents (90%) were more likely to have a regular source of care.
- There were no apparent differences between respondents of different educational attainment, nor income.
- 91% of respondents with health insurance reported a regular source of care.
- One out of ten (10%) Clark County residents did not see a doctor because of the cost.
- 63% of residents reported having seen a doctor for a routine checkup in the past year.

The Healthy People 2000 target (Obj. 21.3) is that 96% of people over 18 have access to a regular source of care. At 88%, Clark County has not yet attained this goal.

Looking ahead:

The Healthy People 2010 target (Obj. 1-4c) states that 96% of adults aged 18 years and older should have a specific source of ongoing care.

**Figure 3. How Long Since Last Visit to Doctor for Checkup
Clark County BRFSS, 1999**



**Table 3. Regular Source of Care
Demographics**

Do you have a regular source of care (includes ER)?		
	Yes	
	#	%
All Adults	701	88.6
Male	322	83.6
Female	379	93.3
Age:		
18-34	205	82.7
35-64	391	90.1
65+	105	96.3
Marital Status:		
Currently Married	461	90.6
Formerly Married	124	89.2
Never Married	92	80
Education:		
High school or less	250	86.8
Some post-high school	266	91.1
College graduate or more	183	87.6
Income:		
< \$25,000	133	88.7
\$25,000-49,999	252	87.5
\$50,000 +	236	87.4
Health Insurance:		
Yes	670	91.2
No	65	8.8

ORAL HEALTH

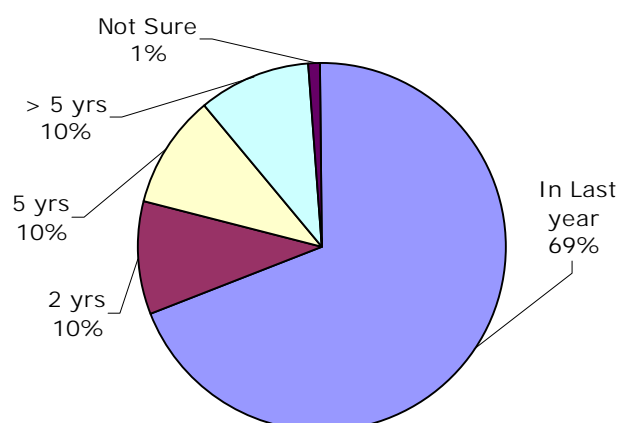
Oral health is an integral component of health. Oral diseases and conditions may have a significant impact on general health. Some poor general health conditions also affect oral health. Regular dental visits reduce the incidence of oral disease. Having dental insurance aids in access to quality dental health care which reduces and prevents oral disease.

All respondents were asked how long it was since their last visit to a dentist or a dental clinic, and how long since they last had their teeth cleaned by a dentist or dental hygienist. They were also asked if they had lost any permanent teeth due to tooth decay or gum disease, and whether or not they had dental insurance.

- 71% Clark County residents had some kind of dental insurance coverage that pays for some or all of their routine dental care.
- Respondents who were formerly married were less likely than currently married and never married to have dental insurance.
- Three out of four (76%) residents who had health insurance also had dental insurance.
- More than two out of three (70%) Clark County residents visited a dentist or dental clinic in the past 12 months.
- Residents who had dental insurance were more likely to have at least some post-high school education and earn more than \$25,000.
- Respondents with dental insurance were more likely to visit a dentist.
- One out of four (26%) Clark County residents reported having had 5 or fewer teeth removed because of tooth decay or gum disease. Almost two out of three (58%) reported never having had a tooth removed.
- Two out of three (66%) respondents had their teeth cleaned by a dentist or dental hygienist in the past year.
- The last time residents received dental services, nine out of ten (91%) went to a private dentist.

The Healthy People 2000 target (Obj. 13.14) states that at least 70% of adults over age 35 should see a dentist at least annually. In Clark County 72% of adults aged 35-64 saw a dentist or dental clinic in the past year, but only 66% of those over age 65 reported visiting a dentist in the past 12 months.

**Figure 4. How Long Since Last Visit to Dentist
Clark County BRFSS, 1999**



**Table 4. Oral Health
Demographics**

Q1. Do you have dental insurance?				
Q2. Have you visited a Dentist in past 12 months?				
	Q1.		Q2.	
	Yes		Yes	
	#	%	#	%
Male	274	72.9	279	71.5
Female	278	69	281	67.7
Age:				
18-34	184	76.3	170	67.5
35-64	340	79.4	316	71.7
65+	NR	NR	73	65.8
Marital Status:				
Currently Married	375	74.4	376	73
Formerly Married	79	57.2	91	63.2
Never Married	82	72.6	80	68.4
Education:				
High school or less	179	63.7	187	62.8
Some post-high school	214	74	212	72.1
College graduate or more	158	76.3	160	76.2
Income:				
< \$25,000	52	36.6	77	50.3
\$25,000-49,999	215	76.5	199	67.7
\$50,000 +	233	86.3	229	84.5
Health Insurance:				
Yes	550	75.5	538	72.2
Health Status:				
Excellent/VG/G	504	72.8	504	70.5
Fair/Poor	NR	NR	55	62.5
NOTE: NR = Not reported when count < 50.				

PHYSICAL ACTIVITY

Most people benefit from physical activity, whether moderate or vigorous. Physical activity can protect individuals from developing heart disease, diabetes, some cancers, and high blood pressure. Physical activity can be a key factor in preventing coronary heart disease, the leading cause of death and disability in the United States. Physical inactivity can put people at risk just as other factors such as cigarette smoking, high blood pressure, and high blood cholesterol all do. Evidence suggests that mild increases in physical activity level can lead to numerous health benefits for individuals.

- 80% of respondents had participated in physical activity within the previous month.
- The most common main activity reported was walking (27%).
- 20% of respondents reported being physically inactive.
- There were 34% who reported regular physical activity.
- 52% of individual were at risk for a sedentary lifestyle.
- Only 19% of respondents obtained regular and sustained activity.
- 14% of respondents engaged in regular and vigorous activity.

The Healthy People 2000 target (Obj. 1.3) increases to 30% of people 6 years of age or older who engage in regular, preferable daily, light to moderate physical activity for at least 30 minutes per day. Another target (Obj. 1.4) increases to 20% of people 18 years of age or older...who engage in vigorous physical activity...3 or more days per week for 20 or more minutes per occasion. Clark County did not meet the target of regular and vigorous activity (14% compared to 20%). This data gives us a view of the physical activity status of individuals in Clark County.

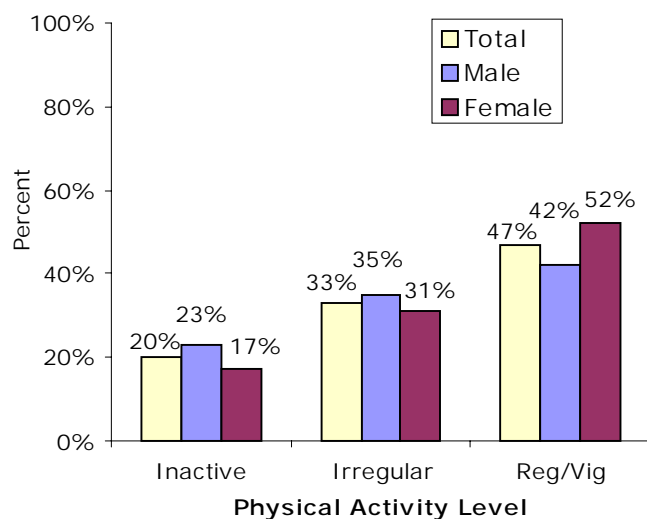
Note:

- Physically inactive is defined as having no leisure time physical activity.
- Regular activity is defined as physical activity done for 20 minutes or more per session for 3 or more times a week.
- Regular and sustained activity is defined as physical activity done for 30 minutes or more per session for 5 times a week or more.
- Regular and vigorous activity is defined as physical activity done for at least twenty minutes per session three or more times a week with an energy expenditure of 50% or greater of maximum cardiorespiratory capacity.

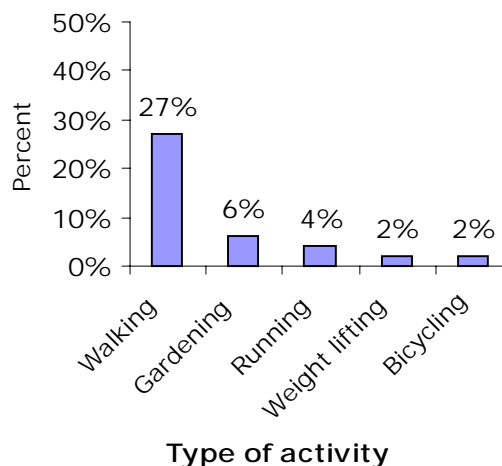
Looking ahead:

- The Healthy People 2010 target (Obj. 22-1) reduces the proportion of adults who engage in no leisure time activity to 20%.
- Another Healthy People 2010 target (Obj. 22-2) increased the proportion of adults to 30% who engage regularly, preferably daily, in moderate physical activity for at least 30 minutes per day.
- And a third Healthy People 2010 target (Obj. 22-3) increases the proportion of adults to 30% who engage in vigorous physical activity...3 or more days per week for 20 or more minutes per occasion.

**Figure 5. Physical Activity Level
Clark County BRFSS, 1999**



**Figure 6. Most Frequent Types of
Physical Activity
Clark County BRFSS, 1999**



**Table 5. Physical Activity
Demographics**

Level of physical activity:						
	Inactive		Irregular		Regular & Vigorous	
	#	%	#	%	#	%
All Adults	120	19.8	199	32.8	287	47.4
Male	65	22.6	101	35.2	121	42.2
Female	55	17.2	98	30.7	166	52.0
Age:						
18-34	NR	NR	56	28.7	96	49.2
35-64	65	19.3	119	35.3	153	45.4
Income:						
< \$25,000	28	25.2	34	30.6	49	44.1
\$25,000-49,999	46	21.4	68	31.6	101	47.0
\$50,000 +	NR	NR	71	33.5	110	51.9
Health Insurance:						
Yes	108	19.1	182	32.2	275	48.7

PREGNANCY AND FAMILY PLANNING

Women, aged 18-49, were asked if to their knowledge, they were now pregnant and if they had been pregnant at any time since January, 1993.

- 30% indicated that they had been pregnant since January, 1993.
- 86% of these women indicated that they had seen a doctor for prenatal care during their last pregnancy.

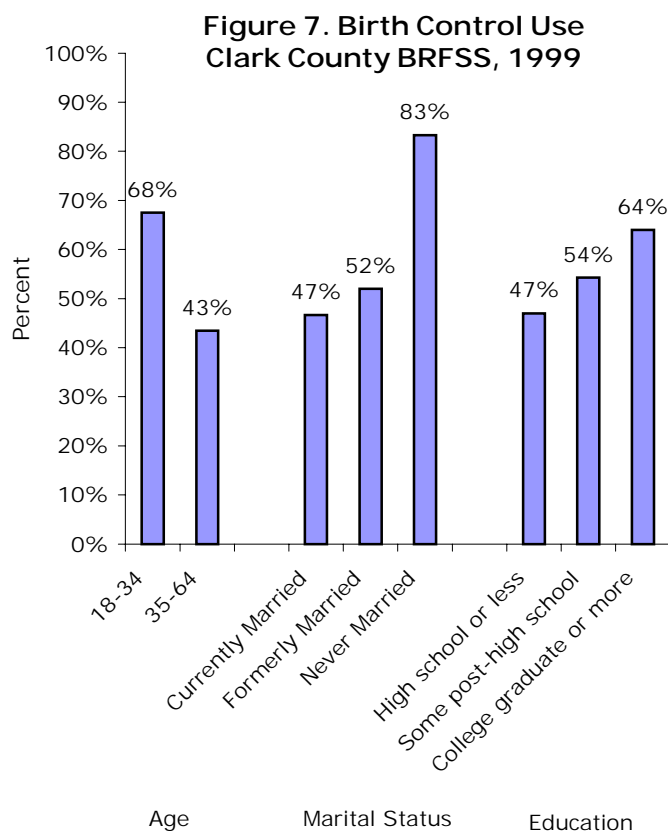
Both male and female respondents aged 18 to 49 who had sexual intercourse in the past 12 months were asked if the last time they had sexual intercourse whether they, or their partner, used any method of birth control.

- 55% of these respondents indicated they had used birth control the last time they had had sexual intercourse (56% of males and 52% of females).
- Younger respondents, 68% of 18-34 year olds were more likely to use birth control than those aged 35-49 (43%).
- 83% of adults who were never married used birth control compared to 47% of adults currently married.
- 2 out of 3 college graduates (64%) reported using birth control compared to only 1 out of 2 (47%) respondents having a high school education or less.
- Almost half of female respondents (47%) reported relying on the pill as the primary method of birth control. 38% of male respondents reported relying on their partner's method while 37% used condoms as the primary method of birth control.

The Healthy People 2000 target (Obj. 5.2) is that no more than 30% of all pregnancies be unintended. In 1997, more than 1 out of 3 (37%) of all pregnancies in Washington State were unintended.

Looking ahead:

The Healthy People 2010 target (Obj.9-3) is to increase the percent of females aged 15-44 who are at risk for an unintended pregnancy to use contraception to 93%.



**Table 6. Birth Control
Demographics**

Aged 18-49 and had sex in last 12 months: The last time you had sexual intercourse did you or your partner use any form of birth control?		
	Yes	
	#	%
All Adults	241	54.2
Male	128	55.9
Female	113	52.3
Age:		
18-34	135	67.5
35-49	106	43.4
Marital Status:		
Currently Married	140	46.7
Formerly Married	26	52.0
Never Married	65	83.3
Education:		
High school or less	79	47.0
Some post-high school	88	54.3
College graduate or more	73	64.0
Income:		
< \$25,000	31	54.4
\$25,000-49,999	93	51.7
\$50,000 +	98	57.6
Health Insurance:		
Yes	223	55.1
No	NR	NR
Regular Source of Care		
Yes	213	56.1
No	NR	NR
Health Status:		
Excellent/Very Good/Good	223	53.9
Fair/Poor	NR	NR
NOTE: NR = Not reported when count < 50.		

DISABILITY

A large number of people live with disabilities. In the United States, the estimate reaches 54 million (or 20% of the population). These people have an activity limitation or they perceive themselves as having a disability. “Disability” refers to the interaction between individuals with a health condition and barriers in their environment.

In the survey, participants were asked if they needed assistance with personal care needs, if they used special equipment for walking, and if they were limited in any way because of physical, mental, or emotional problems.

- 99% of respondents stated they did not need the help of other people for their personal care needs.
- 96% individuals reported they did not need to use special equipment for walking.
- Very few people were limited in activities because of physical, mental, or emotional problems.

CHRONIC DISEASE

SUBSTANCE USE

ALCOHOL CONSUMPTION

Overall, a large number of people drink alcoholic beverages. Heavy alcohol use can lead to increased risk for high blood pressure, heart problems, stroke, certain cancers (esophagus, mouth, throat, larynx), cirrhosis, and other liver disorders. Alcohol can also be a major factor related to injuries and death and has been associated with some high-risk behaviors.

Long-term heavy alcohol use and abuse can have severe effects on a person's health. As well as certain medical conditions that arise from drinking too much (cirrhosis of the liver, etc.), alcoholism can further complicate other health conditions.

- The majority of respondents (59%) had at least one alcoholic beverage in the month prior to the survey.
- 13% of respondents stated they had consumed 5 or more alcoholic drinks on an occasion classifying them as binge drinkers.
- Binge drinkers were more likely to be male, younger (aged 18-34 years), or never married respondents.
- Neither educational attainment nor income appeared to be different between respondents who binge drank and those who did not.
- Respondents with no health insurance coverage or no regular source of care were more likely to binge drink.
- Current cigarette smokers were much more likely to binge drink than others; however, there was no differences in relation to overweight status.
- There were no differences between respondents of who self-reported good health versus those who reported fair or poor health.
- Very few people (<1%) reported driving after they had too much to drink.

There is no relevant Healthy People 2000 target for adult alcohol consumption. Nationally, binge drinking is particularly prevalent among males and young adults. A similar pattern appears in Clark County.

Note:

Binge drinking is defined as having 5 or more drinks on one occasion.

Looking ahead:

The Healthy People 2010 target (Obj. 26-11c) is to reduce the proportion of adults aged 18 and older who engage in binge drinking of alcoholic beverages to 6%.

Figure 8. Proportion Who Did Not Binge Drink by Gender
Clark County BRFSS, 1999

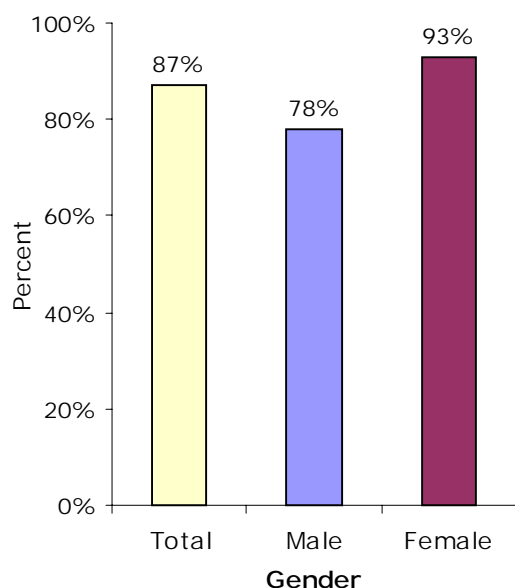


Figure 9. Proportion Who Did Not Binge Drink by Age
Clark County BRFSS, 1999

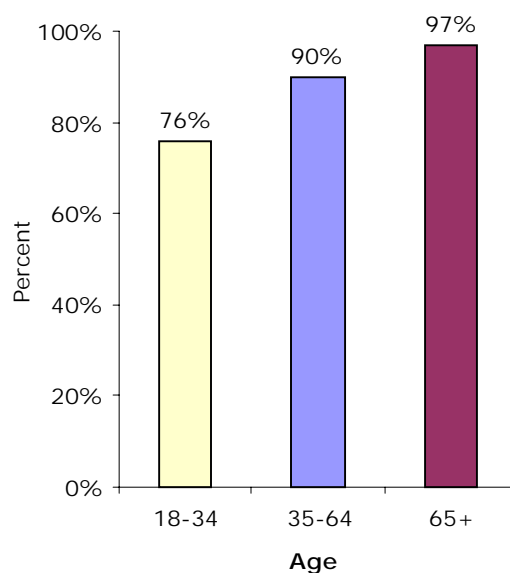


Table 7. Alcohol Consumption Demographics

Binge drinking: How many times during the past month did you have five or more drinks on an occasion?		
	#	%
All Adults	696	86.7
Male	265	77.7
Female	431	93.3
Age:		
18-34	181	75.7
35-64	394	89.7
65+	121	96.8
Marital Status:		
Currently Married	414	89.9
Formerly Married	176	87.6
Never Married	82	73.2
Education:		
High school or less	251	85.1
Some post-high school	253	85.5
College graduate or more	190	90.5
Income:		
< \$25,000	157	87.7
\$25,000-49,999	252	86.0
\$50,000 +	212	86.5
Health Insurance:		
Yes	650	87.8
No	NR	NR
NOTE: NR = Not reported when count < 50.		

TOBACCO USE

Tobacco is the number one preventable killer in the United States. Tobacco use and exposure is responsible for one of every five deaths in the U.S. Every year tobacco claims more lives than car crashes, alcohol, drug abuse, homicides, suicides and fires combined. About half of all regular cigarette smokers will eventually die of tobacco-related illness. Studies have also shown that secondhand smoke exposure causes heart disease among adults.

- 26% of respondents were current smokers.
- 31% of adults 18-34 year olds smoked cigarettes.
- Single residents smoked more often than married residents (32% compared to 21%).
- 37% of citizens with a high school education or less smoked.
- Respondents with an annual household income of less than \$50,000 were more likely to smoke cigarettes.
- Residents with health insurance were less likely to smoke cigarettes.
- Among smokers, slightly more than half (55%) had quit smoking for one day or longer in the past 12 months.

Both the Healthy People 2000 target (Obj. 3.4) and the Washington State target are to have no more than 15% of the adult population who smoke cigarettes. There is also a local Clark County target of 17%. With 1 out of 4 residents smoking in 1999, Clark County is far from meeting local, state or national goals.

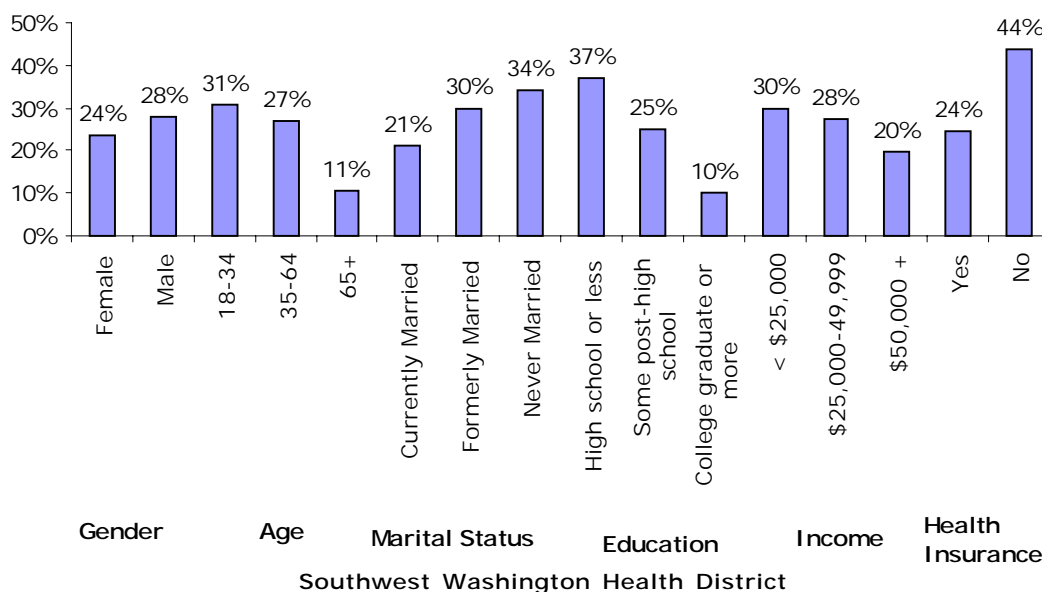
Another Healthy People 2000 target (Obj. 3.6) is to increase to at least 50% the proportion of adult smokers who stopped smoking for at least one day in previous year. Clark County has met this goal.

NOTE: A current smoker is defined as someone who has smoked at least 100 cigarettes in their lifetime and who now reports smoking cigarettes every day or some days.

Looking ahead:

The Healthy People 2010 target (Obj. 27-1a) aims to reduce cigarette smoking to 12% of adults. Tobacco prevention efforts need to be increased for Clark County to meet this goal.

**Figure 10. Adult Smokers
Clark County BRFSS, 1999**



**Figure 11. Adult Smoking Prevalence
Clark County BRFSS, 1999**

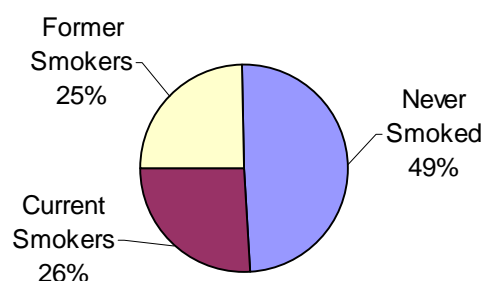


Table 8. Tobacco Use

Q1. Current smoker: smoked at least 100 cigarettes in their life and currently smokes.				
Q2. Quit Smoking: During the past 12 months, have you quit smoking for one day or longer?				
	Q1. Yes		Q2. Yes	
	#	%	#	%
All Adults				
Male	108	27.8	NR	NR
Female	98	23.7	NR	NR
Age:				
18-34	77	30.7	NR	NR
35-64	118	26.8	NR	NR
Marital Status:	192	24.8		
Currently Married	109	21.2	NR	NR
Education:	205	25.6		
High school or less	111	37.2	52	58.4
Some post-high school	73	24.8	27	51.9
Income:				
< \$25,000	NR	NR	NR	NR
\$25,000-49,999	81	27.6	NR	NR
\$50,000 +	54	19.9	NR	NR
Health Insurance:				
Yes	181	24.3	NR	NR
Health Status:				
Excellent/VG/G	178	24.9	74	88.1
Fair/Poor	NR	NR	55	83.3
NOTE: NR = Not reported when count < 50.				

SMOKELESS TOBACCO

There is no safe tobacco alternative to cigarettes. Spit tobacco (chew) causes cancer of the mouth, inflammation of the gums, and tooth loss.

Respondents were asked if they had ever tried any smokeless tobacco products, and if they currently use any smokeless tobacco products.

- Almost one in five (19%) Clark County residents had tried smokeless tobacco—12% chewing tobacco, 3% snuff and 4% both.
- Of those who had tried smokeless tobacco, nine out of ten respondents (91%) were male.
- Overall, one out of three (36%) males had tried smokeless tobacco.
- Smokers (27%) were more likely to use smokeless tobacco than non-smokers (17%).
- 9% of those who had ever used smokeless tobacco products indicated that they were current users.

There are no targets specific for smokeless tobacco in the general adult population.

NOTE: Smokeless tobacco includes chewing tobacco and snuff.

Looking ahead:

The Healthy People 2010 target (Obj. 27-1b) relating to spit tobacco is currently in development.

**Table 9. Smokeless Tobacco
Demographics**

Have you ever used or tried smokeless tobacco products?		
	Yes	
	#	%
Male	139	35.8
Female	NR	NR
Age:		
18-34	69	27.6
35-64	72	16.4
65+	NR	NR
Marital Status:		
Currently Married	102	19.8
Formerly Married	NR	NR
Never Married	NR	NR
Education:		
High school or less	60	20.3
Some post-high school	55	18.7
College graduate or more	NR	NR
Income:		
< \$25,000	NR	NR
\$25,000-49,999	70	24
\$50,000 +	52	19.2
Health Insurance:		
Yes	128	17.2
No	NR	NR
Current Smoker:		
Yes	55	27
No	98	16.5
NOTE: NR = Not reported when count < 50.		

HEART DISEASE

CHOLESTEROL AWARENESS

Heart disease is the leading cause of death for all Americans and continues to be a major cause of disability. It is a significant contributor to increases in health care costs in the United States. High blood cholesterol is a major risk factor for coronary heart disease, which is the largest proportion of heart disease. This modifiable risk factor affects more than 50 million American adults at levels that require medical advice and treatment. All adults aged 20 years and older should have their blood cholesterol checked at least once every 5 years. Screening and early detection of individuals with high blood cholesterol can allow for lifestyle changes such as eating a diet low in saturated fat and cholesterol, reducing weight, and increasing physical activity.

- 73% have had their blood cholesterol checked at some point, and 90% of these adults did so in the last 5 years.
- 66% of all the adults surveyed had their blood cholesterol checked in the last 5 years.
- Individuals over the age of 65 and individuals who had health insurance were more likely to have had their blood cholesterol checked in the last 5 years.
- Individuals who had a high school education or less and individuals who were never married were less likely to have had their blood cholesterol checked in the last 5 years.
- 30% of all the adults tested for blood cholesterol were told by a doctor that their blood cholesterol was too high.
- Individuals who are 65 or older and individuals with a high school education or less were more likely to have been told by a doctor that they have a high blood cholesterol.

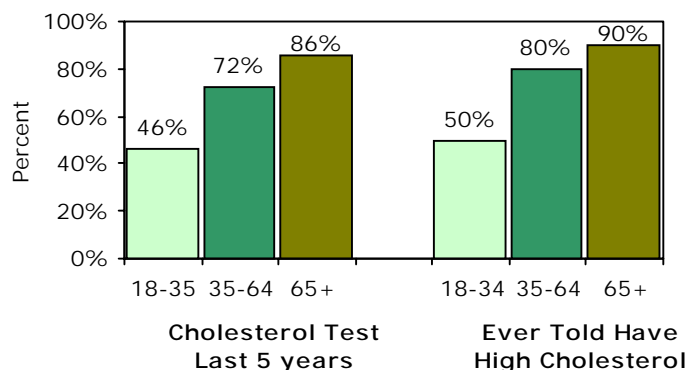
Of the 170 individuals who were told they had high blood cholesterol, 45% were under the advice of a doctor to reduce their cholesterol level and 36% were taking medication to manage the condition. When the 170 individuals were asked about lifestyle changes, 74% were eating more fiber, 78% were eating fewer foods high in fat or cholesterol, 76% were controlling or losing weight, and 76% were exercising.

The Healthy People 2000 target (Obj. 15.4) is that at least 75% of adults have their blood cholesterol checked in the past five years. Clark County is currently at 66%, and therefore, does not meet the target.

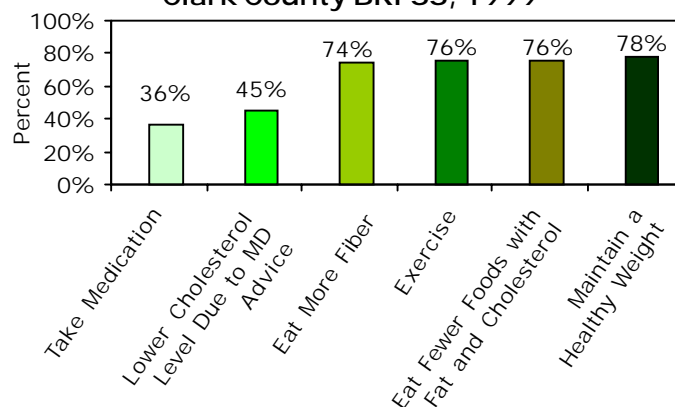
Looking ahead:

- The Healthy People 2010 target (Obj. 12-15) is that 80% of adults have had their blood cholesterol checked within the last five years.
- Another Healthy People 2010 target (Obj. 12-14) states that only 17% of adults should have been told their blood cholesterol was too high.

**Figure 12. Cholesterol Awareness
Individuals Aged 18-34, 35-64, and 65+
Clark County BRFSS, 1999**



**Figure 13. Lifestyle Changes Due to High
Blood Cholesterol Levels
Clark County BRFSS, 1999**



**Table 10. Cholesterol
Demographics**

Q1. Have you ever had your blood cholesterol checked?						
Q2. Have you had your cholesterol checked in the last five years?						
Q3. Have you ever been told by a doctor that your blood cholesterol was too high?						
	Q1. Yes		Q 3. Yes		Q 3. Yes	
	#	%	#	%	#	%
Male	261	68.0	238	62.3	83	31.9
Female	311	77.0	276	69.2	88	28.4
Age:						
18-34	119	49.6	110	45.8	NR	NR
35-64	353	80.8	311	71.8	108	30.6
65+	101	90.2	93	86.1	NR	NR
Marital Status:						
Currently Married	383	75.4	346	68.2	122	31.9
Formerly Married	113	78.5	100	71.4	NR	NR
Never Married	60	54.5	55	50.0	NR	NR
Education:						
High school or less	178	61.8	160	56.1	65	55.6
Some post-high school	220	75.9	209	72.6	63	28.6
College graduate or more	174	83.7	146	70.5	NR	NR
Income:						
< \$25,000	101	68.2	91	61.9	NR	NR
\$25,000-49,999	195	68.2	178	62.9	59	30.4
\$50,000 +	213	78.9	186	69.1	60	28.4
Health Insurance:						
Yes	547	74.8	NR	NR	168	30.8
No	NR	NR	495	68.4	NR	NR

NOTE: NR = Not reported when count < 50.

HYPERTENSION

In the United States, heart disease is the number one cause of death and stroke is the third. These two conditions are also major causes of disability and health care cost in this country. Hypertension, or high blood pressure, is a major risk factor for both heart disease and stroke. Screening and early detection of individuals with hypertension can allow for lifestyle changes such as maintaining a healthy weight, exercising regularly, and reducing fat and sodium in one's diet. In addition to identifying those with hypertension, it is important that individuals comply with recommended treatment for their condition.

- 93% of the adults had their blood pressure checked within the past 2 years.
- Females and individuals over the age of 65 are more likely to have had their blood pressure checked within the past 2 years.
- 23% of the adults surveyed were told by their doctor that they had high blood pressure.
- 47% of individuals over the age of 65 were told they had high blood pressure.
- Those most likely to have been told that they have high blood pressure were those who reported their health status as fair or poor, had an income of less than \$25,000, or had a high school education or less.

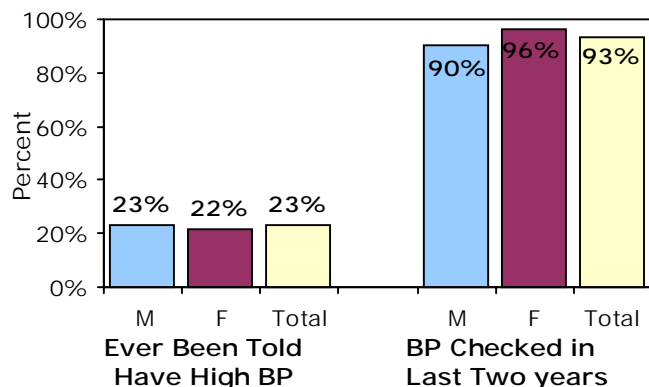
Of the 181 individuals who responded "yes" to having been told that they have high blood pressure, 57% currently have medication prescribed for their high blood pressure. Of these 102 individuals, 94% stated that they take their medicine either all or most of the time. When asked about lifestyle changes 68% were controlling or losing weight, 61% were using less salt, 56% were exercising, 40% were drinking less alcohol, and 55% were decreasing their stress levels.

The Healthy People 2000 target (Obj. 15.3) is that 90% of adults have their blood pressure checked in the past two years and can state whether it was normal or high. Clark County is currently at 93%, which meets the target.

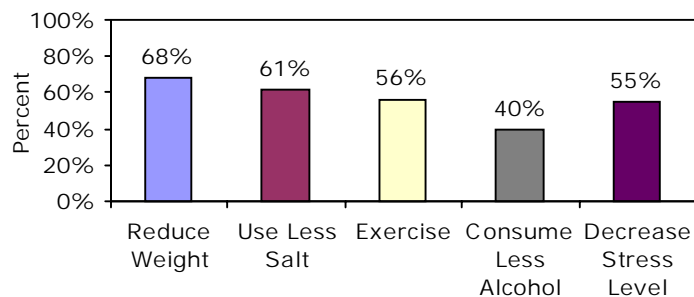
Looking ahead:

- The Healthy People 2010 target (Obj. 12-12) increases the percentage of adult residents to 95% who have had their blood pressure checked in the past two years and can state whether it is normal or high.
- Another Healthy People 2010 target (Obj. 12-9) states that only 16% of adults should have been told their blood pressure was high.

**Figure 14. Blood Pressure Awareness by Gender
Clark County, BRFSS, 1999**



**Figure 15. Lifestyle Changes Due to
Knowing One has High Blood Pressure
Clark County BRFSS, 1999 (N=181)**



**Table 11. Blood Pressure
Demographics**

Q1. Have you ever been told by a doctor that you have high blood pressure?				
Q2. Had blood pressure checked within past two years?				
	Q1. Yes		Q2. Yes	
	#	%	#	%
All Adults	181	22.6	746	92.8
Male	90	23.3	348	89.7
Female	91	21.9	398	95.7
Age:				
18-34	NR	NR	228	90.8
35-64	102	23.2	407	92.3
65+	53	46.9	111	99.1
Marital Status:				
Currently Married	122	23.7	482	93.8
Formerly Married	NR	NR	136	93.2
Never Married	NR	NR	103	100.0
Education:				
High school or less	86	28.9	271	90.9
Some post-high school	52	17.9	274	93.2
College graduate or more	NR	NR	198	92.2
Income:				
< \$25,000	NR	NR	141	93.4
\$25,000-49,999	59	20.1	276	93.9
\$50,000 +	56	21.0	248	92.2
Health Insurance:				
Yes	172	23.2	702	94.1
No	NR	NR	NR	NR
Health Status:				
Ex./VG/G	137	19.2	659	92.3
Fair/Poor	NR	NR	86	96.6
NOTE: NR = Not reported when count < 50				

CHRONIC DISEASE/CONDITIONS

DIABETES AWARENESS

Diabetes is the seventh leading cause of death in the United States. Approximately seven million Americans have been diagnosed with diabetes and an additional seven million Americans may unknowingly have the disease. The Washington State Department of Health Diabetes Control Program reports that in 1997 an estimated 11,104 Clark County residents were diagnosed with diabetes.

Diabetes is a major risk factor for cardiovascular disease. It is also the leading cause of lower extremity amputation, blindness and end stage renal disease. Nation wide diabetes contributes to over 100,000 additional deaths each year as well as increase burden of suffering from acute and chronic complications, hospitalizations, and lost productivity.

Diabetes screening is an important part of routine physicals. Early detection and treatment can provide information, skills training and support services to increase the ability of people to manage their condition and lessen the incidence of complications associated with diabetes. Maintaining a healthy weight, exercising regularly, eating a health diet and having yearly eye exams are important to controlling diabetes and reducing the risk of complications.

- 96% reported that a doctor told them that they do not have diabetes.
- Individuals with an income greater than \$25,000 are less likely to have been told that they have diabetes.
- Individuals reporting that they were not overweight are less likely to have been told that they have diabetes.

The survey gives us a view of diabetes in Clark County. Overall, a small proportion of adults in Clark County has diabetes.

Looking ahead:

- The Healthy People 2010 target (Obj. 5-3) is to reduce the overall rate of diabetes that is clinically diagnosed to 25 overall cases per 1,000 people.
- The Healthy People 2010 target (Obj. 5-13) is to increase the proportion of adults with diabetes who have an annual dilated eye examination.

**Table 12. Diabetes Awareness
Demographics**

Have you been told by a doctor that you have diabetes?		
	No	
	#	%
Male	379	96.9
Female	397	95.4
18-34	248	98.4
35-64	423	95.7
65+	114	100.0
Marital Status:		
Currently Married	502	97.3
Formerly Married	132	90.4
Never Married	113	97.4
Education:		
High school or less	282	94.3
Some post-high school	289	97.6
College graduate or more	202	96.2
Income:		
< \$25,000	141	92.2
\$25,000-49,999	284	96.3
\$50,000 +	267	98.9
Health Insurance:		
Yes	56	96.6
No	719	96.1
Regular medical care:		
Yes	90	100.0
No	672	95.7
Overweight:		
Yes	261	92.2
No	515	98.3

ASTHMA

Asthma is a chronic condition that may severely limit one's activities. There are an estimated nearly 15 million people in the United States with asthma. The health consequences of asthma can be managed with proper medical measures including controlling exposures that trigger asthma, managing asthma with medicine, monitoring the condition, and educating patients about asthma. The consequences of asthma are far-reaching and include activity limitation, hospitalization, and possibly death.

Participants were asked if they had ever been told they had asthma, and if so, if they still had it. They were also asked about their children under 18 years of age.

- 13% of respondents had been told by a doctor that they had asthma.
- Of these individuals, 68% still had asthma.
- Very few children had asthma.

Individuals that do have asthma must properly manage the condition to prevent further complications that may include activity limitations.

Looking ahead:

The Healthy People 2010 target (Obj. 24-4) sets to reduce to 10% the people with asthma who have activity limitations because of the condition.

Figure 16. Persons Ever Diagnosed with Asthma
Clark County BRFSS, 1999

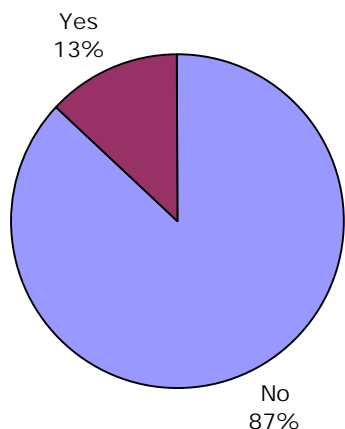


Figure 17. Previous Asthmatics who Still Have Asthma
Clark County BRFSS, 1999

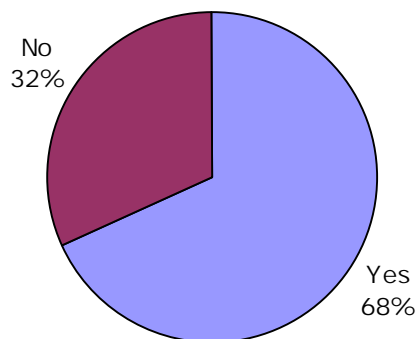


Table 13. Asthma Demographics

Did a doctor ever tell you that you had asthma?		
	No	
	#	%
All Adults	698	87.3
Gender:		
Male	347	89.7
Female	351	85.2
Age:		
18-34	220	88.4
35-64	373	85.2
65+	105	93.8
Marital Status:		
Currently Married	444	86.5
Formerly Married	126	88.7
Never Married	104	88.9
Education:		
High school or less	264	89.2
Some post-high school	259	88.1
College graduate or more	174	84.1
Income:		
< \$25,000	125	83.3
\$25,000-49,999	259	88.7
\$50,000 +	232	86.2
Health Insurance:		
Yes	652	87.8
No	NR	NR
NOTE: NR = Not reported when count < 50.		

WOMEN'S HEALTH

BREAST CANCER SCREENING

Access to clinical preventative services such as clinical breast exams and mammograms are crucial primary prevention interventions against breast cancer. Excluding skin cancer, breast cancer is the most common type of cancer among American women. It is second only to lung cancer as a cause of cancer related death. Mammography is the best way to detect breast cancer at its earliest and most treatable stage, an average of 1.7 years before a woman can feel the lump. A combination of clinical breast examinations and mammography reduces breast cancer mortality.

Women were told that a mammogram was an x-ray of the breast to look for breast cancer, and a clinical breast exam was defined when a health professional feels the breast for lumps. Women were also asked if, and when they last did a breast self examination for lumps. The recommendation is that in general women should begin mammography at age 40.

- 90% of women reported having ever done a breast self-exam for lumps, but only 58% within the last month.
- 92% of women reported that they had ever had a clinical breast exam, and 82% of these were within the past 2 years.
- 59% of all women reported ever having had a mammogram.
- Among women over 40, 80% reported having had a mammogram in the last 2 years. 88% of these women reported that mammography was done as part of a routine exam, and 9% stated that it was done in response to a breast problem other than cancer.
- 88% of women over 40, reported ever having had both a mammogram and clinical breast exam. Those who had incomes over \$25,000 were more likely to have ever had a mammogram and clinical breast exam.
- Among women 50 and older, 81% had a mammogram and clinical breast exam within the past 2 years.
- Among women 50 and older who had not had a hysterectomy, 97% of those who had had a mammogram and clinical breast exam within the last 2 years, also had had a Pap smear within the past 3 years.
- The majority of Clark County women (93%) agree that a woman can live longer if breast cancer is found early and that breast cancer can be found early with a mammogram (88%).

The Healthy People 2000 target (Obj. 16.11) is to increase the proportion of women age 50 and over who have had a mammogram and clinical breast exam in the past one to two years to 60%. The Washington State year 2000 target is to increase the proportion of women age 50 and over who report having had a mammogram in the previous two years to 80%. Clark County has met both the state and national goals for women age 50 and over.

Looking ahead:

The Healthy People 2010 target (Obj. 3-13) is to increase the proportion of women age 40 and over who have had a mammogram within the preceding 2 years to 70%. Clark County has already met this goal for mammography for women age 40 and over.

**Figure 18. Women over Age 40 with Mammography and Clinical Breast Exam
Clark County, BRFSS, 1999**

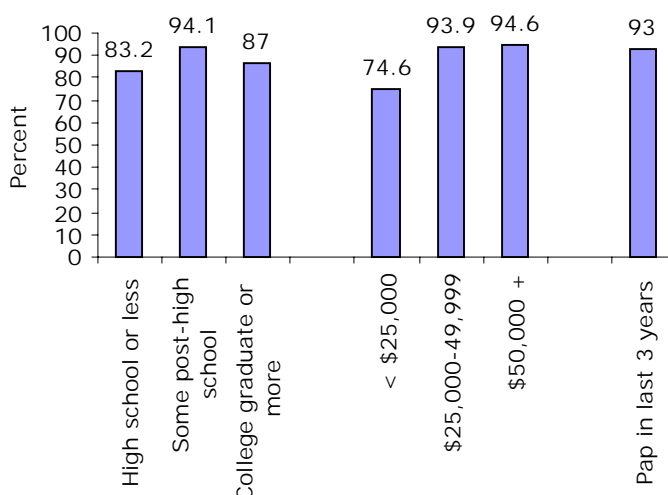


Table 14a. Mammography over age 40

MAMMOGRAPHY over age 40		
	Yes	
	#	%
Have you ever had a mammogram?	218	90.8
Have you ever had a clinical breast exam?	220	91.5
Total Females (40+, had mammo and clinical breast exam)	207	85.9
Age:		
40-64	153	89
65+	54	85.7
Marital Status:		
Currently Married	136	88.9
Formerly Married	59	84.3
Education:		
High school or less	79	83.2
Some post-high school	80	94.1
College graduate or more	47	87
Income:		
< \$25,000	44	74.6
\$25,000-49,999	62	93.9
\$50,000 +	70	94.6
Health Insurance:		
Yes	202	88.6
Regular Source of Care		
Yes	194	89
Had Pap in last 3 years		
Yes	174	93

Table 14b. Mammography over age 50

MAMMOGRAPHY over age 50: had mammogram and clinical breast exam within last 2 years		
	Yes	
	#	%
Age:		
50-64	66	86.8
Marital Status:		
Currently Married	65	85.5
Health Insurance:		
Yes	106	84.8
Health Status:		
Excellent/VG/G	96	86.5
Regular Source of Care		
Yes	104	86
Had Pap in last 3 years		
Yes	96	91.4
Ever had blood stool test home kit		
Yes	77	87.5
Ever had a sigmoid or coloscopy		
Yes	54	88.5
No	53	80.3

CERVICAL CANCER SCREENING

Virtually all deaths from cervical cancer can be prevented with screening using a Papanicolaou (Pap) test. A Pap test or smear detects not only cancer but also precancerous lesions. Detection and treatment of precancerous lesions can actually prevent cervical cancer.

A Pap smear was defined as a test for cancer of the cervix. It is currently recommended that all women with an intact uterus and no history of abnormal tests have a Pap smear at least every 3 years.

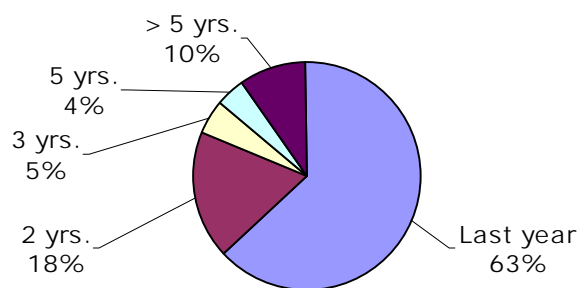
- 81% of women reported having had a Pap smear in the past two years.
- 90% reported having had a test in the past three years.
- 89% of women reported having their Pap smear done as part of a routine exam.
- One out of five (21%) women reported having had a hysterectomy.
- 93% of women aged 18-44 reported having had a Pap smear in the past 3 years while 83% of women 45 and older had the screening.

The Healthy People 2000 target (Obj. 21.2) is that 85% of women have a Pap test in the last three years. Clark County has met this goal with 90% of all women regardless of age reporting having had a Pap in the last three years. The Washington State year 2000 target is to increase to 90% the women 18 and older who had a Pap smear in the last two years. Since only 81% of Clark County women have had a Pap smear in the past two years, Clark County has not met this state target.

Looking ahead:

The Healthy People 2010 target (Obj. 3-11a and 3-11b) is to increase to 97% the number of women 18 and older who have ever received a Pap test and to 90% those who have received a test in last three years.

**Figure 19. Last Pap Smear
Clark County BRFSS, 1999**



**Table 15. Cervical Cancer Screening
Demographics**

Q1.: Have you ever had a pap smear (females with intact cervixes/uteri)?				
Q2. Had a PAP smear in the past three years?				
	Q1. Yes		Q2. Yes	
	#	%	#	%
Age:				
18-34	117	94.4	111	94.9
35-64	162	99.4	144	88.9
65+	NR	NR	NR	NR
Marital Status:				
Currently Married	197	99.0	183.0	92.9
Formerly Married	67	98.5	52.0	76.5
Never Married	NR	NR	NR	NR
Education:				
High school or less	117	96.7	102.0	87.2
Some post-high school	119	99.2	107.0	90.7
College graduate or more	79	96.3	72.0	91.1
Income:				
< \$25,000	73	98.6	61.0	83.6
\$25,000-49,999	108	95.6	98.0	90.7
\$50,000 +	100	100.0	95.0	95.0
Health Insurance:				
Yes	299	97.1	272.0	91.3
No	NR	NR	NR	NR
NOTE: NR = Not reported when count < 50.				

OTHER CANCER SCREENING

COLORECTAL CANCER SCREENING

Cancer is the second leading cause of morbidity and mortality in the United States. The American Cancer Society reports that of the ten leading sites of new cancer cases in 1999, colon and rectal cancer placed second.

Evidence shows that a reduction in colon and rectal cancer (CRC) deaths can be achieved through early detection and dietary changes. Studies show that biennial screenings with blood stool tests can reduce deaths of CRC by 15 to 21% in people aged 45-80 years. Studies show sigmoidoscopies can reduce CRC deaths by 59 to 79 % in people 45 and older. Maintaining a diet high in fiber and low in fat has been shown to reduce the risk of CRC.

- Females, individuals with some post-high school education, and older individuals were all more likely to have done a blood stool test using a home kit.
- 59% of adults aged 50 and older have had a blood stool test using a home kit.
- 37% of adults aged 50 and older have had a blood stool test within the last 2 years.
- 53% of adults aged 50 and older have had a sigmoidoscopy or colonoscopy at some point.
- Males aged 50 years and older are more likely to have had a sigmoidoscopy or colonoscopy.
- 62% of individuals aged 50 and older who had a sigmoidoscopy or colonoscopy also had done a blood stool home test.

The Healthy People 2000 target (Obj. 16.3) is that 50% of the individuals aged 50 years or older have a blood stool test within the preceding two years. Although the target does not directly compare to the data, the survey gives us a view of the preparation of Clark County individuals who had blood stool tests using a home kit. Clark County is presently at 37% for those who had a blood stool test using a home kit. The same objective (Obj. 16.3) states that 40% of individuals aged 50 years or older should have a sigmoidoscopy or colonoscopy at some time. Clark County is presently at 53%, and therefore, meets the target.

Looking ahead:

- The Healthy People 2010 target (Obj. 3-12A) is that 50% of the individuals aged 50 years or older have a blood stool test within the preceding two years.
- The Healthy People 2010 target (Obj. 3-12B) is that 50% of the individuals age 50 years or older have received a sigmoidoscopy or colonoscopy at some time.

Figure 20. Colon Cancer Awareness, Individuals Aged 50 and Over Clark County BRFSS, 1999

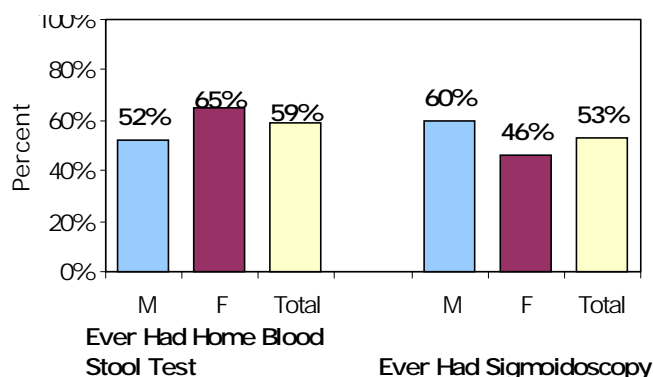


Figure 21. Colon Cancer Awareness and Screening Individuals Aged 50-64 and 65+ Clark County BRFSS, 1999

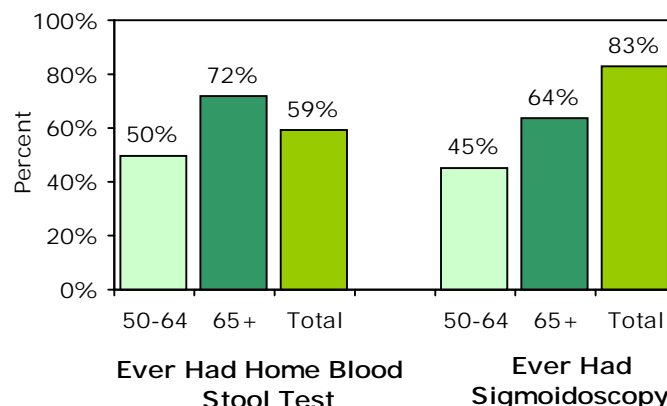


Table 16. Colorectal Cancer Screening

Q1. Age 50+: Have you ever had a blood stool test using a home kit?					
Q2. Age 50+: Have you ever had a signmiodoscopy or colonoscopy?					
	Q1. Yes		Q2. Yes		
	#	%	#	%	
All Adults	161	59.0	144	52.7	
Male	66	52.4	77	60.2	
Female	95	64.6	67	46.2	
Age:					
50-64	81	50.0	72	44.7	
65+	79	71.8	72	63.7	
Marital Status:					
Currently Married	108	57.8	99	52.4	
Formerly Married	NR	NR	NR	NR	
Never Married	NR	NR	NR	NR	
Education:					
High school or less	56	52.3	48	44.4	
Some post-high school	68	70.8	59	61.5	
College graduate or more	NR	NR	NR	NR	
Income:					
< \$25,000	NR	NR	NR	NR	
\$25,000-49,999	56	66.7	NR	NR	
\$50,000 +	NR	NR	NR	NR	
Health Insurance:					
Yes	NR	NR	NR	NR	
No	159	60.2	141	53.2	
Regular medical care:					
YES	NR	NR	NR	NR	
NO	152	61.0	135	54.0	
Health status:					
Exc./VG/G	133	59.6	115	51.6	
Fair/poor	NR	NR	NR	NR	

NOTE: NR = Not reported when count < 50.

SKIN CANCER - SUNBURN

Over 9,000 people died in 1999 due to skin cancer. Many of these skin cancers could be prevented by limiting exposure to the sun, wearing protective clothing and by using sunscreen.

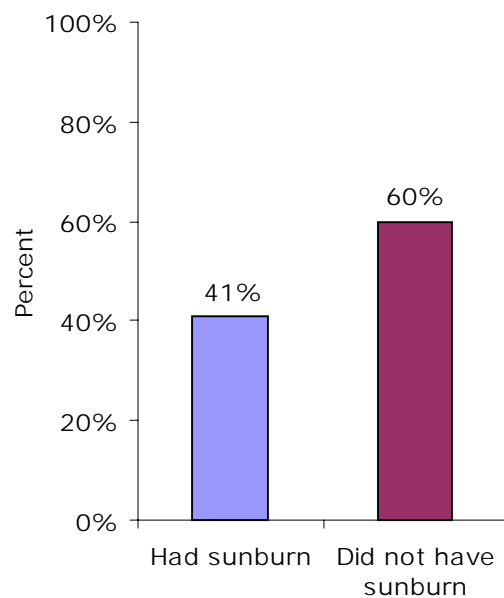
- 41% of respondents had a sunburn in the past 12 months.
- Of these individuals, 34% of them had three or more sunburns in the past 12 months.

The Healthy People 2000 target (Obj. 16.9) aims to increase to 60% the proportion of persons of all ages who limit sun exposure, use sunscreens and protective clothing when exposed to sunlight, and avoid artificial sources of ultraviolet light (e.g., sun lamps, tanning booths). In Clark County, we have lot of individuals who had sunburns; however, many fewer had 3 or more sunburns in the past 12 months.

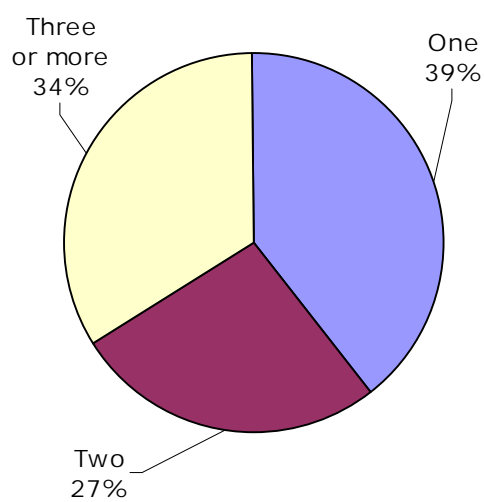
Looking ahead:

The Healthy People 2010 target (Obj. 3-9) increases the proportion of persons who use at least one of the following protective measures that may reduce the risk of skin cancer: avoid the sun between 10 am and 4 pm, wear sun-protective clothing when exposed to sunlight, use sunscreen with a sun protective factor (SPF) of 15 or higher, and avoid artificial sources of ultraviolet light.

**Figure 22. Sunburn in the past 12 Months
Clark County BRFSS, 1999**



**Figure 23. Number of Sunburns in Past 12 Months
Clark County BRFSS, 1999**



ENVIRONMENT

ENVIRONMENTAL HEALTH

Environmental health looks at the interactions between human health, disease and injury in relation to environmental factors. In general, we simplify the meaning to the air, water, soil, food, sewage and waste, and man-made factors around us. Efforts to ensure clean and safe water have played an enormous role in protecting the public health within the United States.

- The majority (76%) of individuals stated that one of the following contributed to poor air quality in the area: transportation (exhaust), industry, trash or garbage burning, wood stoves, agricultural dust, or dust from burning landclearing debris.
- 42% of respondents stated transportation (including exhaust from cars, trucks, and buses) contributed to poor air quality.
- However, almost all of the respondents thought the air quality in the area was good.
- 13% of respondents stated some discomfort due to pollutants in the outside air.
- Mostly, symptoms were experienced in the Spring or Summer.
- 15% of respondents had experienced discomfort from indoor air (mostly in the home or work place).
- The majority of respondents had either electricity (64%) or natural gas (24%) as their primary source of heat for their home.
- Most people received their water supply through public water systems while 17% had private wells.
- The majority of residents with private wells had tested their well water at some point (87%).
- 65% of respondents had a municipal sewer connection for sewage disposal while 37% had a septic tank or drain field.
- More than half (60%) of residents with septic tanks had the tank cleaned or pumped within the last 3 years.
- 98% of residents had access to a solid waste disposal service, and 92% of these individuals chose to use it.

INFECTIOUS DISEASE

ATTITUDES ABOUT CONDOM USE

The proper use of condoms greatly decreases, but does not eliminate, the risk of getting sexually transmitted diseases (STDs), including HIV. To increase the effectiveness of condoms in slowing the spread of HIV and other STDs they must be made widely available along with information on how to use them properly.

The survey asked respondents whether they would encourage their sexually active teenage to use a condom. The survey also posed a question about what grade in school the respondent thought education on HIV prevention should begin.

- Over 60% of the respondents stated that their child should receive HIV and AIDS education in kindergarten or elementary school (K through 5th grade).
- Respondents who were currently married were less likely to report that they would encourage their sexually active teenager to use a condom.
- Income level, educational achievement and age were not associated with whether or not the respondents supported condom use by their teenagers.
- Women respondents were more likely to encourage condom use by their teens than were men.

The Healthy People 2000 target (Obj. 18.10) establishes a standard of at least 95% of schools providing age-appropriate HIV education for school students from 4th through 12th grades. Over half the survey respondents in Clark County supported the idea of HIV education between these grades. However, we do not have information on how many schools include HIV education as part of their health education classes.

**Figure 24. Attitudes about Teen Condom Use by Marital Status
Clark County BRFSS, 1999**

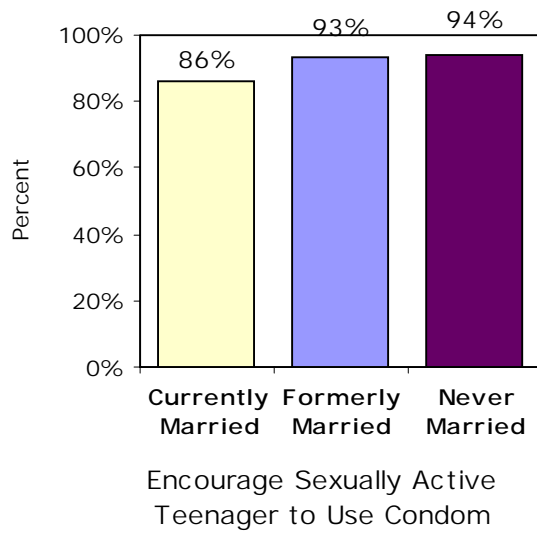


Table 17. Attitudes about Condom Use Demographics

If you had a teenager who was sexually active, would you encourage him or her to use a condom?		
	Yes	
	#	%
All Adults	601	88.6
Male	289	86.8
Female	312	90.7
Age:		
18-34	223	89.6
35-64	378	88.1
Marital Status:		
Currently Married	371	85.9
Formerly Married	97	93.3
Never Married	106	93.8
Education:		
High school or less	222	91.4
Some post-high school	221	88
College graduate or more	157	86.3
Income:		
< \$25,000	93	87.7
\$25,000-49,999	236	90.1
\$50,000 +	216	87.8
Health Insurance:		
Yes	549	88.4
No	51	91.1

HIV/AIDS COUNSELING DURING PREGNANCY

Counseling and testing for HIV during pregnancy is offered to women to ensure that the pregnant woman does not place herself and her unborn child at risk of contracting the disease. Further, detection of HIV in the pregnant woman opens up the possibility of treating the woman so that the virus is not transmitted to the fetus.

Female respondents who have been pregnant since 1993 were asked whether they discussed HIV or AIDS with their health care provider during their last pregnancy.

- 85% of the respondents reported that they had discussed HIV or AIDS with their health care provider during their last pregnancy

There are no Health People 2000 targets focusing on rates of pregnant women seeking HIV counseling.

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SEXUAL BEHAVIOR

The spread of sexually transmitted diseases (STD) and HIV is directly affected by social and behavioral factors. STD's are the most common reportable diseases in Clark County, Washington State, and the United States. These diseases are harmful, often irreversible, costly and preventable. Some complications resulting from these diseases can be reproductive health problems, fetal and perinatal health problems, cancer and death.

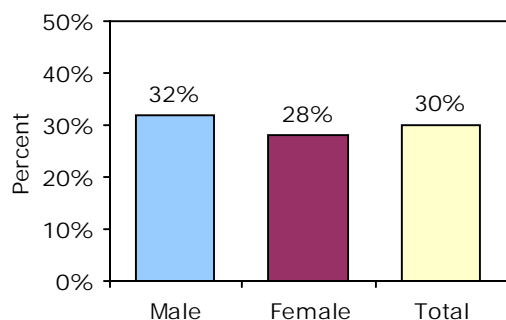
Promoting responsible behaviors and avoiding risks such as abstaining from intercourse, delaying initiation of intercourse, reducing the number of sex partners, and increasing the correct use of effective barriers are priorities for public health. The Centers for Disease Control and Prevention reports that STDs occur in disproportionate numbers in individuals near the poverty level, individuals with limited access to health care, adolescence and young adults.

- 30% of the 570 individuals who reported being sexually active said they used a condom the last time they had sexual intercourse.
- Individuals who were never married and individuals between ages 18 and 34 were less likely to have used a condom the last time they had sexual intercourse.
- 69% reported having sex with one person during the last 12 months while 6% reported having sex with 2 to 6 people during the last 12 months.
- 8% reported they had one new sex partner in the past 12 months.
- 86 respondents stated that a condom was used to prevent pregnancy, prevent HIV/STDs or both.
- 44% said that the proper use of a latex condom was somewhat effective in preventing HIV infection.
- 30% reported that they did use a condom the last time they had sexual intercourse.
- Of concern is the significant percentage of young adults (85%) who do not use condoms.
- 91% felt that intravenous drug use, sexually transmitted diseases, and anal sex are NOT RISK FACTORS of concern if they are not using condoms.

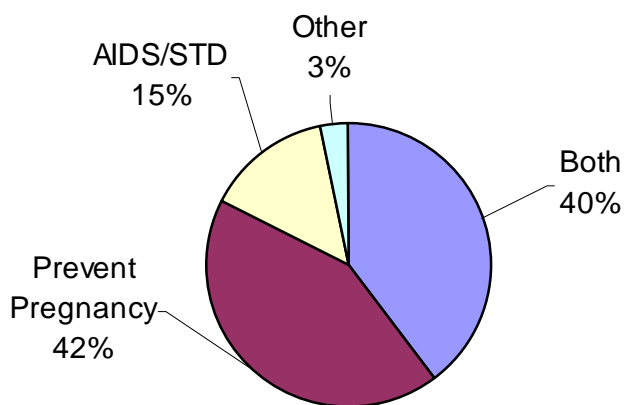
Looking ahead:

- The Healthy People 2010 target (Obj. 13-6) is that 50% of adults should use a condom the last time they had sexual intercourse.

**Figure 25. Condom Used the Last Time Had Sexual Intercourse
Clark County BRFSS, 1999**



**Figure 26. Reason for Condom Use
Clark County BRFSS, 1999**



**Table 18. Sexual Behavior
Demographics**

Was a condom used the last time you had sexual intercourse?		
	#	%
All Adults	171	30
Male	83	31.9
Female	88	28.4
18-34	NR	NR
35-64	108	30.6
65+	NR	NR
Marital Status:		
Currently Married	122	31.9
Formerly Married	NR	NR
Never Married	NR	NR
Education:		
High school or less	65	55.6
Some post-high school	63	28.6
College graduate or more	NR	NR
Income:		
< \$25,000	NR	NR
\$25,000-49,999	59	30.4
\$50,000 +	60	28.4
Health Insurance:		
Yes	168	30.8
No	NR	NR
NOTE: NR = Not reported when count < 50.		

IMMUNIZATIONS

Individuals over the age of 65 years have a higher risk of developing complications and possibly dying as a result of having pneumococcal disease and/or influenza. This population also has an increased incidence of high-risk conditions such as heart disease, diabetes, and chronic respiratory disease. These high-risk medical conditions further increase the threat of serious complications and death as a result of influenza and pneumococcal disease.

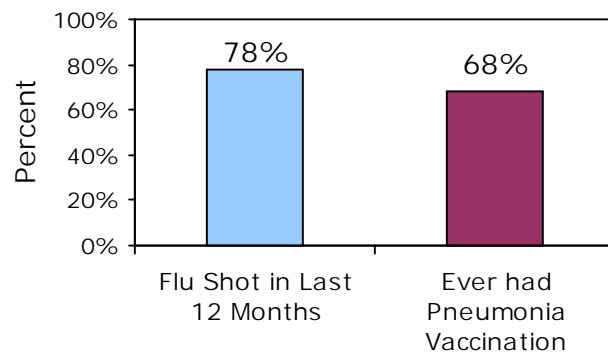
- 78% of the adults over 65 years of age said they have had a flu shot in the last 12 months.
- Individuals 65 and older who were married were almost 7 times more likely to have had a flu shot in the last 12 months.
- 68% of the adults over 65 years of age said they had a pneumococcal vaccination.
- Individuals 65 and older who were married were twice as likely to have had a pneumococcal vaccination.
- 80% of the adults over 65 years of age that said they had a flu shot in the last 12 months also had a pneumococcal vaccination at some time.

The Healthy People 2000 target is that among noninstitutionalized, high-risk populations, as defined by the Immunization Practices Advisory Committee, 60% be immunized against pneumococcal pneumonia and influenza. Clark County has met this target for both pneumococcal and influenza vaccinations for individuals aged 65 and older.

Looking ahead:

The Healthy People 2010 target (Obj. 14-29) is that 90% of noninstitutionalized adults aged 65 years and older be vaccinated annually against influenza and ever vaccinated against pneumococcal disease at some point.

**Figure 27. Influenza and Pneumococcal Vaccinations
Individuals Aged 65 and Over
Clark County BRFSS, 1999**



INJURY

BICYCLE HELMET USE BY CHILDREN

A substantial number of children nationwide are injured or killed annually in collisions involving bicycles and motor vehicles. In 1998 there were 761 bicyclists killed in crashes with motor vehicles nationwide, and one third of these were fatalities to children aged 5 to 15 years. Death rates from head injuries are twice as high in states with no bicycle helmet law or with laws that apply to young persons only. Helmet use is one of the most effective means of reducing the risk of death due to head injury. Also, the use of bicycle helmets reduces head injury by about 85%.

Clark County survey respondents who had children were asked about bicycle helmet use by their oldest child under the age of 16 years.

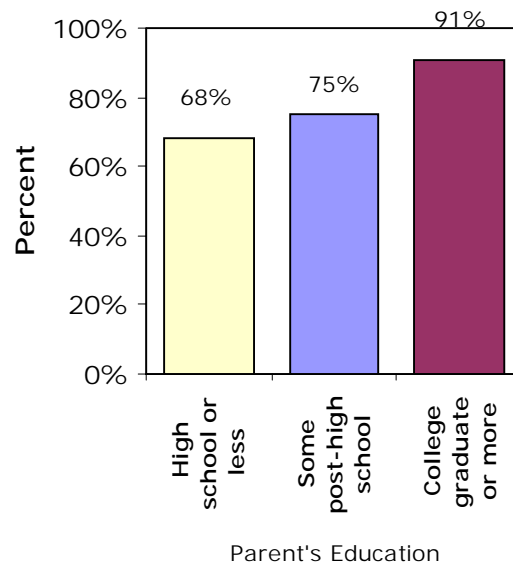
- 68% of respondents with children who rode bicycles stated that their children wore bicycle helmets while riding a bicycle either always, or nearly always.
- Respondents who had a high school education or less, and who had children who rode bicycles, were less likely to state that their children always or nearly always wore a bicycle helmet when riding a bicycle.

There are 15 States nationwide mandating the use of bicycle helmets for riders under the age of 18 years. One Healthy People 2000 target (Obj. 9.13) is to increase use of helmets to at least 50 percent of bicyclists. A second objective related to bicycle helmet use (Obj. 9.24) is to increase the number of states with bicycle helmet laws to 50. These statements set standards for helmet use among bicycle riders of all ages. The Washington State legislature has recognized in the Revised Code of Washington 43.59.010 that millions of dollars are associated with health care costs due to traffic collisions involving bicycles. However, at present, Washington State does not have any laws requiring bicyclists to wear helmets.

Looking ahead:

The Health People 2010 target (Obj. 15-24) is to increase the number of states with laws requiring bicycle helmets for bicycle riders.

**Figure 28. Child Bicycle Helmet Use in Last Year by
Parents' Education
Clark County BRFSS, 1999**



SMOKE DETECTORS

Approximately 800 children under the age of 14 die each year due to residential fires nationwide. In 1997 alone, residential fires in this country caused over 3,200 deaths and \$4.4 billion of residential property damage. Among children, fires are the second leading cause of death in the United States. Approximately two-thirds of the deaths and injuries to children under the age of 5 occur in homes that are not equipped with functioning smoke detectors. Smoke detectors in homes can reduce the risk of fire-related deaths by approximately 50%.

One study published in 1985 found that in instances of fatal fires dead batteries were to blame for smoke detector failure. In light of this study and other data, the importance of functional smoke detectors is clear. Survey respondents were asked whether they or someone else had deliberately tested the smoke detectors in their homes within the past year.

- 84% of the respondents stated that they or someone else had tested all the smoke detectors in their homes in the last twelve months.
- Almost 10% of those who answered this question stated that no one had ever tested their smoke detectors, or that they did not have any smoke detectors in their homes.
- Respondents with a college degree or more education were *less* likely to say that they or someone else had tested the smoke detectors in their homes.

The Healthy People 2000 target (Obj. 9.17) is to increase the presence of functional smoke detectors in residences and on each habitable floor to 100%. While this survey addresses whether or not respondents tested their smoke detectors we have no data on how many homes have functional smoke detectors.

**Figure 29. Smoke Detector Testing in the Past Year by Education
Clark County BRFSS, 1999**

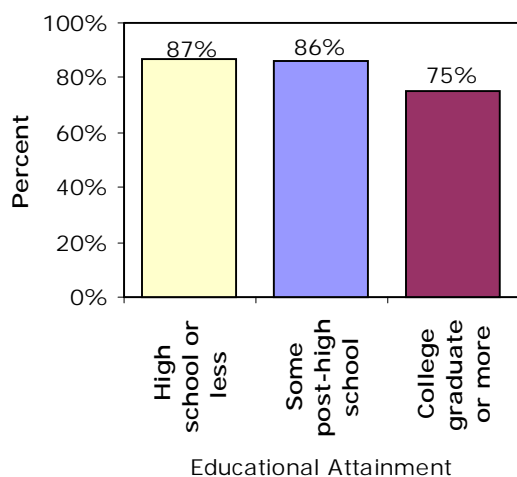


Table 19. Smoke Detector Testing Demographics

Did you or someone else deliberately tested all the smoke detectors in your home during the last 12 months?		
	Yes	
	#	%
All Adults	638	83.5
Male	304	81.7
Female	333	85.2
Age:		
18-34	196	85.2
35-64	358	84.0
65+	84	77.8
Marital Status:		
Currently Married	413	82.6
Formerly Married	116	85.9
Never Married	84	83.2
Education:		
High school or less	245	87.2
Some post-high school	241	86.1
College graduate or more	150	75.0
Income:		
< \$25,000	120	85.1
\$25,000-49,999	237	84.9
\$50,000 +	210	80.8
Health Insurance:		
Yes	587	83.3
No	50	87.7

DOMESTIC VIOLENCE

Nationwide, both males and females experience violence perpetrated by an intimate partner. Women are more likely to be victimized by men than the reverse situation. A study of 1995 homicide data found that of the 5,000 women killed around the country a larger majority knew the perpetrator. A husband, ex-husband or boyfriend killed almost half of the female victims in the cases where there was a pre-existing relationship between the victim and perpetrator.

Males who are physically violent toward their partners also tend to use violence toward children. Further, the adults who perpetrate intimate partner violence commonly witnessed similar violence when they were children themselves, or else were victims of child abuse.

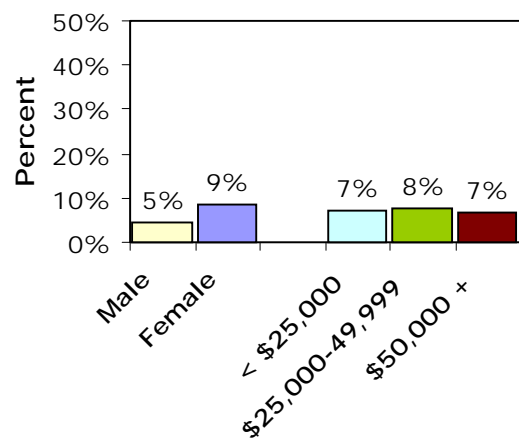
In Clark County, survey respondents were asked if an intimate partner had physically, sexually, or verbally and emotionally abused them in the last 12 months.

- 6.7% of the respondents stated that an intimate partner had either physically, sexually or verbally/emotionally abused them.
- Men were less likely to state that they were victims of domestic violence than women were.
- Educational status and income level did not have a significant impact on whether a person was a victim of domestic violence.

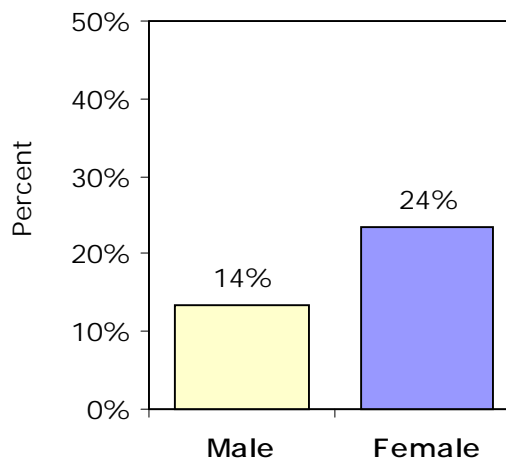
Looking ahead:

The Health People 2010 target (Obj. 15-34) is to reduce the rate of physical assault by current or former intimate partners to 3.6 physical assaults per 1,000 persons aged 12 years and older.

**Figure 30. Victims of Domestic Violence in Last 12 Months by Gender and Income
Clark County BRFSS, 1999**



**Figure 31. Victims of Child Abuse by Gender
Clark County BRFSS, 1999**



MISCELLANEOUS/OTHER

HUNGER

In 1999, approximately 90% of households in the United States stated that they had consistent access to food without resorting to emergency food sources. Washington State Behavioral Risk Factor Surveillance System data from 1995 through 1999 revealed problems around food insecurity. Based on these survey findings, an estimated 42,000 Washington adults each month go without eating for an entire day because of lack of food or money for food. Statewide, lower income was associated with greater food insecurity in spite of the fact that low-income persons are eligible for food stamps. It is unclear whether the food insecurity is due to an inability to access food stamps or because the food stamp program is not meeting the nutritional needs of this population.

Households with children are more likely to report food insecurity, and adults are generally more likely to go hungry themselves before having their children go hungry.

In Clark County, survey respondents were asked whether there were occasions in the last 30 days when they were concerned about having enough food for themselves and their family, whether they skipped a meal due to lack of food or money for food, and whether they did not eat at all for a whole day.

- Overall, approximately 5% of the respondents said they had experienced some form of food insecurity in the past 30 days
- Respondents who were 65 years of age or older were less likely to state that they had experienced some form of food insecurity in the past 30 days.
- Persons with some post-high school education or more, were also less likely to have experienced some form of food insecurity.
- Respondents with a household income of more than \$50,000 per year were less likely to have experienced food insecurity.

There are no Healthy People 2000 targets on hunger. In general, Clark County's data were similar to the statewide survey data for 1999.

Figure 32. Food Security in the Past Month
by Age-Group
Clark County BRFSS, 1999

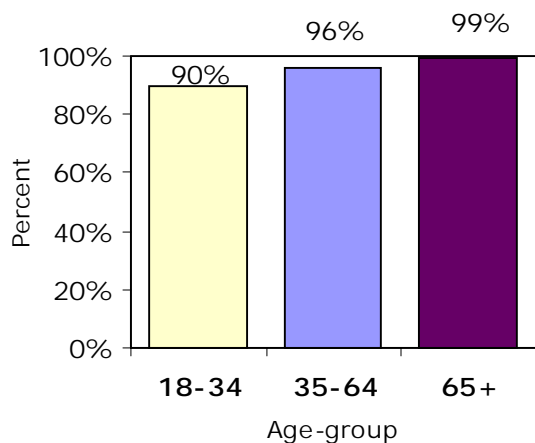


Table 20. Hunger
Demographics

In the past 30 days, have you been concerned about having enough food for your family, or did you skip any meals because there wasn't enough food or money to buy food, or were there days when you did not eat at all because there was no food or money to buy food?

	No	
	#	%
All Adults	756	94.7
Male	368	94.8
Female	389	94.6
Age:		
18-34	225	90.0
35-64	420	96.1
65+	111	99.1
Marital Status:		
Currently Married	495	96.5
Formerly Married	132	93.6
Never Married	107	92.2
Education:		
High school or less	269	91.5
Some post-high school	279	95.5
College graduate or more	205	98.1
Income:		
< \$25,000	129	87.2
\$25,000-49,999	273	93.5
\$50,000 +	271	100.0
Health Insurance:		
Yes	NR	NR
No	713	96.0

NOTE: NR - Not reported when count < 50.

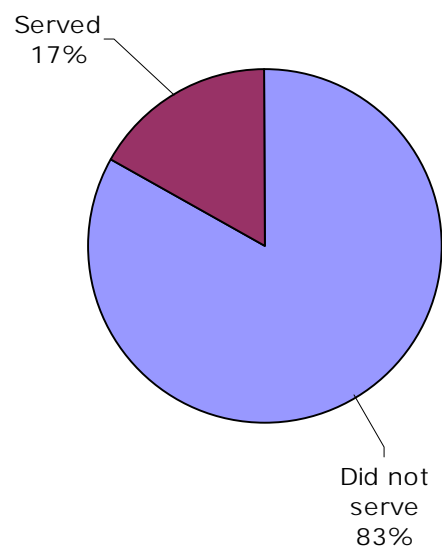
VETERAN STATUS

Participants of the survey were asked whether they had ever served in the United States Armed Forces. If they had, they were then asked about their current military status and their use of Veterans Administration facilities for health care.

- 17% of respondents had served active duty in the United States Armed Forces (33% of males).
- Of these individuals, 97% of them had been discharged from the military.
- 92% of the veterans did not receive their health care through the Veterans Administration.

There is no relevant Healthy People 2000 target regarding veterans status.

**Figure 34. Served in the U.S. Armed Forces
Clark County BRFSS, 1999**



VOLUNTEERISM

Respondents were asked whether they had volunteered fifty or more hours to civic, community or non-profit activities in the past year. The same question was asked of respondents when this survey was administered in Clark County in 1996.

- 31% of those who were asked stated they had volunteered 50 hours in the past year.
- Persons with some post-high school education or who were college graduates were significantly more likely to state that they had volunteered 50 or more hours in the past year.
- 34% of the respondents with an annual income of \$50,000 or more stated they had volunteered in the past year. This is a drop from 50% in the 1996 survey.
- There were no apparent discrepancies in volunteerism by income level.
- Persons who were single were significantly more likely to say they volunteered compared to those who were currently or formerly married.

Overall it appears Clark County experienced a drop between 1996 and 1999 in the proportion of persons who committed time to volunteer activities.

There is no relevant Healthy People 2000 target regarding volunteerism.

**Figure 34. Volunteerism by Educational Attainment
Clark County BRFSS, 1999**

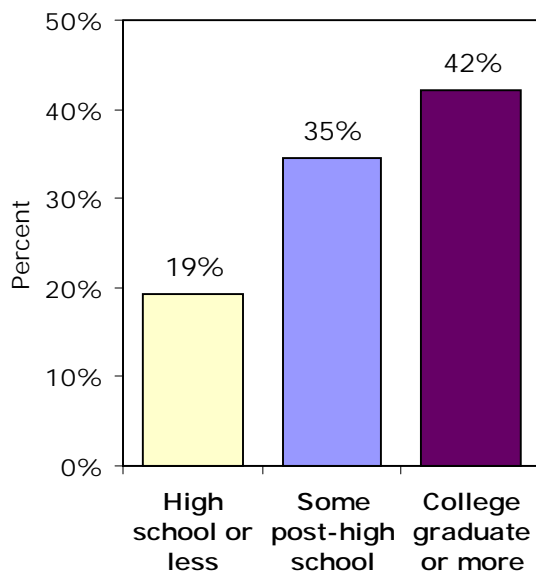


Table 21. Volunteerism Demographics

Did you volunteer at least 50 hours of your time during the past year to any civic, community or non-profit activities?		
	No	
	#	%
All Adults	414	68.8
Male	205	71.4
Female	209	66.6
Age:		
18-34	129	66.5
35-64	237	70.7
65+	NR	NR
Marital Status:		
Currently Married	264	68.8
Formerly Married	79	73.1
Never Married	51	58.0
Education:		
High school or less	173	80.8
Some post-high school	151	65.4
College graduate or more	89	57.8
Income:		
< \$25,000	79	71.8
\$25,000-49,999	147	69.0
\$50,000 +	140	66.0
Health Insurance:		
Yes	384	68.6
No	NR	NR
NOTE: NR= Not reported when count < 50		

APPENDIX

TECHNICAL APPENDIX

BACKGROUND

General Overview

The Behavioral Risk Factor Surveillance System (BRFSS) is an annual telephone survey conducted nationally. It is conducted continuously throughout each year as a collaborative effort between the national Centers for Disease Control and Prevention (CDC) and each state's Department of Health. The survey began in 1984. Washington State's first survey was in 1987. The survey serves as data collection for a vast array of health conditions as well as risk and protective factors related to individual health. The goal of the survey is to measure the prevalence of health related behaviors in the general adult population. The results of the survey are used to plan and monitor health intervention and prevention programs, develop policy, and measure progress towards state and national health objectives.

Questionnaire

The BRFSS includes a core set of questions developed by CDC and used by all the states. For 1999, core questions related to health status, health care access and utilization, hypertension, cholesterol, diabetes, tobacco and alcohol use, breast, cervical and colorectal cancer screening, HIV/AIDS, injury control, immunizations, skin cancer, and oral health. The Washington State Department of Health also added questions as part of the survey conducted in Washington (state-added questions or modules). These included sexual behavior, family planning, asthma, smokeless tobacco, hunger, veteran status, disabilities, family violence and expanded questions on some CDC core topics. The wording of the questions and the screening of respondents were done according to CDC protocol specifications.

In Clark County, Washington, additional sampling was conducted to obtain local, county-level data to better understand the health status and health behaviors among local residents. There were not enough people from Clark County surveyed in the Washington State BRFSS to produce adequate local data. Therefore, it was necessary to obtain additional local BRFSS data. The Clark County BRFSS used the Washington State BRFSS instrument in its entirety. In addition, questions regarding physical activity, environmental health and volunteerism were added to the survey instrument to replicate sections from a previous BRFSS in Clark County several years before.

The average length of time it took to administer the Clark County questionnaire was 18-20 minutes.

About the Report

This report summarizes results from the 1999 Clark County, Washington BRFSS. Each topic presents a brief summary of the findings, graphical or tabular representation of selected findings, and comparisons to local, state, and national target health objectives when available.

Counts and prevalence estimates are not shown when there were fewer than 50 respondents. This is consistent with standard CDC protocol to provide stable and reliable estimates of health conditions.

METHODOLOGY

The BRFSS is conducted by random-digit-dialing, or RDD, of blocks of residential telephone numbers in an effort to randomly select participants among the adults in Clark County. The Gilmore Research Group in Seattle, Washington, conducted the interviews under contract with the Southwest Washington Health District and the Washington State Department of Health. The interviewers made multiple attempts to reach the selected households. Once reached, the households were screened for adult residents so that the potential survey participant could be randomly selected from eligible persons 18 years of age or older in the household. Proxy respondents were not allowed for the survey. If the selected person was unable or unwilling to participate, protocol specified the interviewers move to the next eligible telephone number. The survey was conducted in English.

Sampling and Subject Selection:

Clark County's 1998 population was 328,000. In order to have adequate statistical power for the results (at $\pm 4\%$ at the 95% confidence level), a sample size of 600 county residents was required. The Clark County BRFSS data was collected between January 1, 1999 through December 31, 1999 with approximately 50 interviews occurring each month.

The Washington statewide BRFSS collected an additional 200 surveys of Clark County residents that were added to the 600 Clark County surveys.

Data Collection

The questionnaire and answer choices were pre-programmed into a computer-assisted telephone interviewing (CATI) system. The CATI system allowed the interviewers to concentrate on the questions themselves and not necessarily to the details of the skip patterns and branching questions. Quality control measures such as monitoring interviews and checking data from the interviews helped ensure accurate survey data.

Interviews took place in every month throughout the year. The telephoning was conducted between approximately 4pm to 9pm on weekdays, 10am to 5pm on Saturdays, and 1pm to 5pm on Sundays. If the respondent was not reached at this point during the standard calling times, then further attempts were made starting at 9am on weekdays. Attempts were made to honor all requests for call-back appointments regardless of time of day or day of week.

Respondent Selection

Once a qualifying telephone number was reached (residential number in Clark County), a random selection was made as to which adult in the household was to be surveyed. Multiple attempts were made to reach the selected respondent. If the person was unavailable after numerous attempts, the number was discarded.

Completion of Telephone Calls

The following table shows the outcome of attempts to all telephone numbers called during the survey. This record displays only those telephone numbers called as part of the local Clark County BRFSS and does not include the Clark County portion of the Washington State BRFSS.

RESULTS

Disposition of All Telephone Numbers

	Number	Percent
Completed interviews	601	17.8%
Refused interviews	461	13.7%
Non-working number/Disconnected	1079	32.0%
No answer after multiple tries	254	7.5%
Business number/Not private residence	609	18.1%
No eligible respondent at address	69	2.0%
Selected respondent not reachable	185	5.5%
Language barrier	30	0.9%
Termination during interview	20	0.6%
Line busy after multiple tries	31	0.9%
Respondent unable to participate	20	0.6%
Residence not in Clark County	10	0.3%
Total	3369	100%

Data Adjustment/Weighting

The survey data were weighted to account for survey selection that overestimated or underestimates the true distribution within a given area. The Clark County data were weighted to reflect the appropriate age and gender distribution of Clark County's adult population. Data from households with more than one adult and/or more than one residential telephone number were weighted to give each respondent equal chances of being selected for the survey.

Percentages in some tables may not add to 100 due to rounding (and missing data from people who did not know an answer to a question or refused to answer).

Data Analysis

Analyses were conducted in SPSS version 10.0.5 by Southwest Washington Health District staff in consultation with the DOH BRFSS Coordinator.

Demographic Characteristics

Health outcomes are known to be associated with various demographic characteristics. A person's socio-economic status, gender, and age affect various health conditions. Other conditions may also affect health. For instance, a person who has health insurance may have better access to health care, and therefore, may be able to access preventive care more easily. This report summarizes the survey results and points to those factors that were most strongly associated with the conditions or behaviors of interest.

The following table displays the demographic characteristics of BRFSS respondents in Clark County. These counts include data from both the Clark County local BRFSS and the Clark County portion of the Washington State BRFSS. The data were weighted by the age and gender distribution of Clark County's adult population. Per CDC standard protocol, counts and percentages are not displayed when the sample size was less than 50 people.

Profile of Survey Respondents

	Number	Percent
Overall	807	100.0
Gender		
Male	391	48.4
Female	416	51.6
Age Group		
18-34 yrs	252	31.2
35-64 yrs	442	54.8
65 yrs and older	113	14.0
Race		
White	750	93.0
Other	57	7.0
Ethnicity		
Hispanic/Spanish origin	-	-
Not Hispanic/Spanish origin	777	96.2
Don't know/Refused	-	-
Marital Status		
Currently married	516	64.0
Formerly married	145	18.0
Never married	117	14.4
Refused/meaning unknown	-	-
Education Level		
High school or less	299	37.1
Some post-high school	295	36.6
College graduate or more	210	26.0
Refused	-	-
Income Level		
Less than \$25,000	153	19.0
\$25,000-\$49,999	294	36.4
\$50,000 or more	271	33.6
Don't know/Refused	89	11.0
Employment		
Employed for wages	455	56.4
Self-employed	77	9.5
Out of work for more than 1 yr	-	-
Out of work for less than 1 yr	-	-
Homemaker	80	9.9
Student	-	-
Retired	112	13.9
Unable to work	-	-
Refused	-	-

Clark County is in the southwestern region of Washington State. It is separated from the State of Oregon by the Columbia River. The 1999 population of Clark County was 337,000 including 166,075 males (49.3%) and 170,925 females (50.7%). Overall, the median age was 34 years. Among adults 18 years of age and older, there were 75,105 residents who were 18-34 years old, 131,709 residents 35-64 years old and 33,712 residents 65 years or older.

Limitations

There were a number of limitations of the survey. Because the participants were selected by telephone number and the survey was conducted on the residents' telephone, residents with no residential telephone could not participate in the survey. The survey also excluded people living in group quarters such as jails, group homes, hospitals, dormitories, and military barracks.

Interviewers were not always able to contact the persons selected at random. Some selected persons refused participation in the survey. Also, the survey asked for participants' self-report of health characteristics and risk behaviors which might not be an accurate reflection of the true conditions. People may overestimate or underestimate certain health conditions and health behaviors. Respondents had to be able to speak and understand English to participate.